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APPLICANTS

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** CONTINUING DATA *****
 This application is a CIP of 09/946,419 09/05/2001 ABN *CS*

** FOREIGN APPLICATIONS *****
CS *None*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Calene Shushy</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
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TITLE
 Ink composition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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